

<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Docket Number	21567
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)      OR		First Named Inventor	Min K. Park
<b>COMPLETE IF KNOWN</b>			
Application Number			
Filing Date			
Group Art Unit			
Examiner Name			

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SUBSTITUTED TRIAZOLES AS SODIUM CHANNEL BLOCKERS**

*(Title of the Invention)*

the specification of which

bears the Attorney Docket Number and Title of the Invention noted above

OR

is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed? YES      NO
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number
60/518,890	11/10/2003	21567PV

## DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioners Associated with the Customer Number **000210**  
 OR  
 Registered practitioner(s) named below

Name	Registration Number	Name	Registration Number

Direct all correspondence to:  Customer Number **000210**

Name	Mitul I. Desai				
Address	Merck & Co., Inc. - Patent Department				
Address	P.O. Box 2000, RY60-30				
City	Rahway	State	NJ	ZIP	07065-0907
Country	USA	Telephone	(732)594-3190	Fax	(732)594-4720

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])	Family Name or Surname				
Min K.	Park				
Inventor's Signature					
Residence: City	Whippany	State	NJ	Country	US
Mailing Address	Merck & Co., Inc. P.O. Box 2000				
City	Rahway	State	NJ	ZIP	07065-0907
				Country	U.S.A.
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>3</u> supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.					

**DECLARATION AND POWER OF ATTORNEY**

**ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Prasun K.		Chakravarty						
Inventor's Signature						Date		
Residence: City	Edison	State	NJ	Country	US	Citizenship	US	
Mailing Address	Merck & Co., Inc. P.O. Box 2000							
City	Rahway	State	NJ	ZIP	07065-0907	Country	U.S.A.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Bishan		Zhou						
Inventor's Signature						Date		
Residence: City	Hoboken	State	NJ	Country	US	Citizenship	P.R. China	
Mailing Address	Merck & Co., Inc. P.O. Box 2000							
City	Rahway	State	NJ	ZIP	07065-0907	Country	U.S.A.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Edward		Gonzalez						
Inventor's Signature						Date		
Residence: City	Iselin	State	NJ	Country	US	Citizenship	US	
Mailing Address	Merck & Co., Inc. P.O. Box 2000							
City	Rahway	State	NJ	ZIP	07065-0907	Country	U.S.A.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Hyun		Ok						
Inventor's Signature						Date		
Residence: City	Colonia	State	NJ	Country	US	Citizenship	US	
Mailing Address	Merck & Co., Inc. P.O. Box 2000							
City	Rahway	State	NJ	ZIP	07065-0907	Country	U.S.A.	

**DECLARATION AND POWER OF ATTORNEY****ADDITIONAL INVENTOR(S)**  
Supplemental Sheet

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
<b>Given Name (first and middle [if any])</b>				<b>Family Name or Surname</b>				
Brenda		Palucki						
<b>Inventor's Signature</b>						<b>Date</b>		
<b>Residence: City</b>	Hillsborough	State	NJ	Country	US	Citizenship	US	
<b>Mailing Address</b>	Merck & Co., Inc. P.O. Box 2000							
<b>City</b>	Rahway	State	NJ	ZIP	07065-0907	Country	U.S.A.	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
<b>Given Name (first and middle [if any])</b>				<b>Family Name or Surname</b>				
William H.		Parsons						
<b>Inventor's Signature</b>						<b>Date</b>		
<b>Residence: City</b>	Belle Mead	State	NJ	Country	US	Citizenship	US	
<b>Mailing Address</b>	Merck & Co., Inc. P.O. Box 2000							
<b>City</b>	Rahway	State	NJ	ZIP	07065-0907	Country	U.S.A.	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
<b>Given Name (first and middle [if any])</b>				<b>Family Name or Surname</b>				
Rosemary		Sisco						
<b>Inventor's Signature</b>						<b>Date</b>		
<b>Residence: City</b>	Old Bridge	State	NJ	Country	US	Citizenship	US	
<b>Mailing Address</b>	Merck & Co., Inc. P.O. Box 2000							
<b>City</b>	Rahway	State	NJ	ZIP	07065-0907	Country	U.S.A.	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
<b>Given Name (first and middle [if any])</b>				<b>Family Name or Surname</b>				
<b>Inventor's Signature</b>						<b>Date</b>		
<b>Residence: City</b>		State		Country		Citizenship		
<b>Mailing Address</b>								
<b>City</b>		State		ZIP		Country		

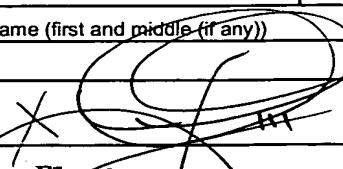
**DECLARATION AND POWER OF ATTORNEY****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
<b>Given Name (first and middle [if any])</b>		<b>Family Name or Surname</b>						
<b>Inventor's Signature</b>	Michael H. <i>Louis L. Zuegner III/Legal Representative</i>						<b>Date</b>	<i>X 9/15/05</i>
<b>Residence: City</b>	Ringoes	<b>State</b>	NJ	<b>Country</b>	US	<b>Citizenship</b>	US	
<b>Mailing Address</b>	Merck & Co., Inc. P.O. Box 2000							
<b>City</b>	Rahway	<b>State</b>	NJ	<b>ZIP</b>	07065-0907	<b>Country</b>	U.S.A.	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
<b>Given Name (first and middle [if any])</b>		<b>Family Name or Surname</b>						
<b>Inventor's Signature</b>							<b>Date</b>	
<b>Residence: City</b>		<b>State</b>		<b>Country</b>		<b>Citizenship</b>		
<b>Mailing Address</b>								
<b>City</b>	Rahway	<b>State</b>	NJ	<b>ZIP</b>	07065-0907	<b>Country</b>		
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
<b>Given Name (first and middle [if any])</b>		<b>Family Name or Surname</b>						
<b>Inventor's Signature</b>							<b>Date</b>	
<b>Residence: City</b>		<b>State</b>		<b>Country</b>		<b>Citizenship</b>		
<b>Mailing Address</b>								
<b>City</b>	Rahway	<b>State</b>	NJ	<b>ZIP</b>	07065-0907	<b>Country</b>		
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
<b>Given Name (first and middle [if any])</b>		<b>Family Name or Surname</b>						
<b>Inventor's Signature</b>							<b>Date</b>	
<b>Residence: City</b>		<b>State</b>		<b>Country</b>		<b>Citizenship</b>		
<b>Mailing Address</b>								
<b>City</b>	Rahway	<b>State</b>	NJ	<b>ZIP</b>	07065-0907	<b>Country</b>		

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION Supplemental Sheet**  
**For Legal Representatives (35 U.S.C. 117) On Behalf of A Deceased or Incapacitated Inventor**

Enter Deceased or Incapacitated Inventor's Name Michael H. FisherPage 6 of 6

<b>Name of Legal Representative:</b>		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))  <u>Louis L.</u>		Family Name or Surname  <u>Zuegner III</u>	
Legal Representative's Signature  		Date <u>9/15/05</u>	
Residence: City  <u>Flemington</u>	State  <u>NJ</u>	Country  <u>USA</u>	Citizenship  <u>USA</u>
Mailing Address  <u>28 Spring Street</u>			
Mailing Address			
City  <u>Flemington</u>	State  <u>NJ</u>	Zip  <u>08822</u>	Country  <u>USA</u>
<b>Name of Additional Legal Representative, if any:</b>		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Legal Representative's Signature			
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Legal Representative, if any:</b>		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Legal Representative's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 117 and 37 CFR 1.42, 1.43, 1.63 and 1.64(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.*